

**STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE REGULATION**

Before the Commissioner of Financial and Insurance Regulation

In the matter of

XXXXX

Petitioner

File No. 90627-001

v

**Blue Cross Blue Shield of Michigan
Respondent**

**Issued and entered
this 18th day of August 2008
by Ken Ross
Commissioner**

ORDER

**I
PROCEDURAL BACKGROUND**

On June 27, 2008, XXXXX (Petitioner) filed a request for external review with the Commissioner of the Office of Financial and Insurance Regulation under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the request and accepted it on July 7, 2008.

The Commissioner notified Blue Cross Blue Shield of Michigan (BCBSM) of the external review and requested the information used in making its adverse determination. The Commissioner received BCBSM's response on July 25, 2008.

The issue in this external review can be decided by a contractual analysis. The contract here is the BCBSM Individual Care Blue certificate (the certificate). The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II FACTUAL BACKGROUND

On December 21, 2007, the Petitioner gave birth. As part of her treatment, her doctor provided prenatal care. The charge for the prenatal care was \$1,000.00. BCBSM denied coverage. The Petitioner appealed BCBSM's denial. BCBSM held a managerial-level conference on May 30, 2008, and issued a final adverse determination dated June 3, 2008.

III ISSUE

Did BCBSM correctly deny coverage for the Petitioner's prenatal care?

IV ANALYSIS

Petitioner's Argument

The Petitioner believes that BCBSM should pay for her prenatal care since it is medically necessary to prevent more serious problems that would be covered by BCBSM. She also argues that, when she purchased her Individual Care Blue plan, BCBSM did not inform her that prenatal care was not covered.

When the Petitioner received services from her doctor nine months before she gave birth all blood work and hospital services were covered. Again, there was no mention made that prenatal care would not be covered.

The Petitioner indicated that she has a \$2,500.00 deductible under her health care. With the \$1,000.00 that she must pay for prenatal care, her total payment for the birth of her child will be \$3,500.00.

BCBSM's Argument

The certificate in Section 4 entitled "Coverage for Physician and Other Professional Provider Services" identifies those services that are covered and those which are excluded from coverage. Services provided by the physician attending the birth are payable. However, among the services

that are not payable under the certificate are:

- Prenatal and postnatal care (see page 4.19)

BCBSM believes that it is not required to pay for this care.

Commissioner's Review

The certificate is clear that both pre and postnatal care are not a covered benefit. The services in dispute in this case are prenatal care and are therefore, not a covered benefit under the certificate.

V ORDER

BCBSM's final adverse determination of June 3, 2008, is upheld. BCBSM is not required to pay for the Petitioner's prenatal care associated with the birth of her child on December 21, 2007.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the circuit court for the county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Regulation, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.